

Exhibit 300: Capital Asset Summary

Part I: Summary Information And Justification (All Capital Assets)

Section A: Overview & Summary Information

Date Investment First Submitted: 2011-09-16
Date of Last Change to Activities: 2012-07-23
Investment Auto Submission Date: 2012-02-29
Date of Last Investment Detail Update: 2012-02-29
Date of Last Exhibit 300A Update: 2012-07-23
Date of Last Revision: 2012-07-23

Agency: 009 - Department of Health and Human Services **Bureau:** 38 - Centers for Medicare and Medicaid Services

Investment Part Code: 01

Investment Category: 00 - Agency Investments

1. Name of this Investment: CMS Physician Feedback Program

2. Unique Investment Identifier (Ull): 009-000282322

Section B: Investment Detail

- 1. Provide a brief summary of the investment, including a brief description of the related benefit to the mission delivery and management support areas, and the primary beneficiary(ies) of the investment. Include an explanation of any dependencies between this investment and other investments.**

The purpose of the investment is to provide statutorily-mandated reports to physicians that measure the resources involved in furnishing care including information on the quality of care furnished by the physician. The investment is needed to support a number of IT needs that are critical to the viable and efficient progression of the Physician Feedback Program as it expands to reach all physicians and non-physicians practitioners that provide care to people with Medicare. These needs include: report creation (via manipulation and analysis of various Medicare beneficiary/Medicare provider data), storage of the information used to create the reports and most critically an efficient electronic report delivery mechanism that allows for user authentication and user retrieval. Dissemination of these reports will leverage the shared services which include identity management and master data management solutions.

- 2. How does this investment close in part or in whole any identified performance gap in support of the mission delivery and management support areas? Include an assessment of the program impact if this investment isn't fully funded.**

Currently, we are using the same report distribution mechanism that is used to distribute the PQRS feedback reports. However, our current dissemination strategy is not sustainable due

to the current IT infrastructure; especially as our targeted physician and non physician practitioner population grows in the coming years. CMS faces the challenge of ensuring that each and every physician/non-physician practitioner for whom a report is generated receives their report. Current strategies rely heavily on IT structures that are designed to “push” reports out to targeted audiences using a variety of inefficient methods, including using email addresses. This investment would address this dissemination challenge for the Physician feedback program and other quality initiatives and likely CMS as a whole by laying the groundwork for an enterprise system that would potentially allow targeted physician and non physician practitioner to retrieve and analyze information that had been generated for them in a secure and efficient manner. Development of this investment will likely be coordinated across several components within CMS, including CM, OCSQ and OIS. If this investments is not fully funded it is likely that CMS will not be able to successfully implement the VBM, as mandated by legislation in the specified timeframe. This investment supports federal health IT policy principles and improves healthcare by enabling CMS to provide physicians with information on the quality of care that they provide to Medicare beneficiaries.

3. Provide a list of this investment's accomplishments in the prior year (PY), including projects or useful components/project segments completed, new functionality added, or operational efficiency achieved.

N/A investment did not exist in the prior year.

4. Provide a list of planned accomplishments for current year (CY) and budget year (BY).

Planned accomplishments include: Current year (CY) Development of specifications/requirements for IT investment Identification of efficiencies against current infrastructure Acquiring data from the CMS IDR Developing relational databases for object oriented development which allows for inheritance, polymorphism and encapsulation capabilities, Budget Year (BY) Development/testing of investment Determine efficiencies Dissemination using Enterprise portal and identity management solutions.

5. Provide the date of the Charter establishing the required Integrated Program Team (IPT) for this investment. An IPT must always include, but is not limited to: a qualified fully-dedicated IT program manager, a contract specialist, an information technology specialist, a security specialist and a business process owner before OMB will approve this program investment budget. IT Program Manager, Business Process Owner and Contract Specialist must be Government Employees.

2011-08-26

Section C: Summary of Funding (Budget Authority for Capital Assets)

1.

Table I.C.1 Summary of Funding

	PY-1 & Prior	PY 2011	CY 2012	BY 2013
Planning Costs:	\$0.0	\$0.0	\$0.5	\$0.3
DME (Excluding Planning) Costs:	\$0.0	\$0.0	\$15.9	\$5.5
DME (Including Planning) Govt. FTEs:	\$0.0	\$0.4	\$0.2	\$0.1
Sub-Total DME (Including Govt. FTE):	0	\$0.4	\$16.6	\$5.9
O & M Costs:	\$0.0	\$0.0	\$1.9	\$9.8
O & M Govt. FTEs:	\$0.0	\$0.0	\$0.2	\$0.3
Sub-Total O & M Costs (Including Govt. FTE):	0	0	\$2.1	\$10.1
Total Cost (Including Govt. FTE):	0	\$0.4	\$18.7	\$16.0
Total Govt. FTE costs:	0	\$0.4	\$0.4	\$0.4
# of FTE rep by costs:	0	4	4	4
Total change from prior year final President's Budget (\$)		\$0.4	\$18.6	
Total change from prior year final President's Budget (%)				

2. If the funding levels have changed from the FY 2012 President's Budget request for PY or CY, briefly explain those changes:

Funding levels have increased to reflect additional costs required to address increase in physician Feedback program as it ramps up to meet statutorily driven mandates.

Section D: Acquisition/Contract Strategy (All Capital Assets)

Table I.D.1 Contracts and Acquisition Strategy

Contract Type	EVM Required	Contracting Agency ID	Procurement Instrument Identifier (PIID)	Indefinite Delivery Vehicle (IDV) Reference ID	IDV Agency ID	Solicitation ID	Ultimate Contract Value (\$M)	Type	PBSA ?	Effective Date	Actual or Expected End Date
Awarded		HHSM500T0003	HHSM500200500025I	7530							

2. If earned value is not required or will not be a contract requirement for any of the contracts or task orders above, explain why:

Exhibit 300B: Performance Measurement Report

Section A: General Information

Date of Last Change to Activities: 2012-07-23

Section B: Project Execution Data

Table II.B.1 Projects

Project ID	Project Name	Project Description	Project Start Date	Project Completion Date	Project Lifecycle Cost (\$M)
285027	Physician Feedback	This project supports the Physician Feedback IT investment that is needed to support a number of IT needs that are critical to the viable and efficient progression of the Physician Feedback Program as it expands to reach all physicians and non-physician practitioners providing care to Medicare beneficiaries. These needs include: report creation (via manipulation and analysis of various Medicare beneficiary/Medicare provider data), storage of information used to create reports, and an efficient electronic report delivery mechanism that allows for user authentication and retrieval.			

Activity Summary

Roll-up of Information Provided in Lowest Level Child Activities

Project ID	Name	Total Cost of Project	End Point Schedule	End Point Schedule	Cost Variance	Cost Variance	Total Planned Cost	Count of
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Activity Summary								
Roll-up of Information Provided in Lowest Level Child Activities								
Project ID	Name	Total Cost of Project Activities (\$M)	End Point Schedule Variance (in days)	End Point Schedule Variance (%)	Cost Variance (\$M)	Cost Variance (%)	Total Planned Cost (\$M)	Count of Activities
		Activities (\$M)	Variance (in days)	Variance (%)	(\$M)	(%)	(\$M)	Activities

285027 Physician Feedback

Key Deliverables								
Project Name	Activity Name	Description	Planned Completion Date	Projected Completion Date	Actual Completion Date	Duration (in days)	Schedule Variance (in days)	Schedule Variance (%)

NONE

Section C: Operational Data

Table II.C.1 Performance Metrics

Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency
Number of QRURs that are successfully disseminated to target population	Number	Mission and Business Results - Services for Citizens	Over target	0.000000	1600.000000		20000.000000	Monthly
Ease of Use - This metric will evaluate the number of technical inquiries we receive from the target population. A lower observed value would indicate that the system was relatively easy to use	Number	Customer Results - Service Accessibility	Under target	0.000000	1600.000000		20000.000000	Monthly
Level of successful authentication - This metric will evaluate the number of unsuccessful authentications in the target population. A lower number would indicate that majority of the population was being successfully authenticated	Number	Process and Activities - Security and Privacy	Under target	0.000000	1600.000000		20000.000000	Monthly
Server response time - Number of reports produced per minute	Number	Process and Activities - Quality	Under target	0.000000	1600.000000		20000.000000	Monthly
Scalability - This metric indicates how efficient the system is by identifying how many servers are necessary to efficiently accommodate user demand and	Number	Process and Activities - Productivity	Under target	0.000000	1.000000		1.000000	Monthly

Table II.C.1 Performance Metrics								
Metric Description	Unit of Measure	FEA Performance Measurement Category Mapping	Measurement Condition	Baseline	Target for PY	Actual for PY	Target for CY	Reporting Frequency

activities.